

FIRE & EMS VOLUNTARY DONATION

CITY OF BRONTE

I AGREE TO MAKE A MONTHLY VOLUNTARY DONATION TO THE BRONTE VOLUNTARY FIRE DEPARTMENT AND EMERGENCY MEDICAL SERVICE BEGINNING ON _____.

THE AMOUNT OF MY DONATION WILL BE \$_____ ON A RECURRRING BASIS.

I WISH TO MAKE A ONE TIME VOLUNTARY DONTATION TO THE BRONTE VOLUNTARY FIRE DPEARTMENT AND EMERGENCY MEDICAL SERVICE ON _____ IN THE AMOUNT OF \$_____.

IN THE EVENT THAT I CHOOSE TO STOP MY RECURRING DONATION TO THE BRONTE FIRE DEPARTMENT AND EMERGENCY MEDICAL SERVICE I WILL IMMEDIATELY NOTIFY THE CITY OF BRONTE TO CEASE MY DONATION.

CITY OF BRONTE

P.O. BOX 370

BRONTE, TX 76933

325-473-3501

SIGNATURE